

## PART B - FEE(S) TRANSMITTAL

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FEB 06 2007

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7590 11/07/2006

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Christina A. Engel

(Depositor's name)

Christina A. Engel

(Signature)

February 6, 2007

(Date)

02/09/2007 TTRANZ 0000051 10088789

01 FC:1501 1400.00 OP  
02 FC:8001 30.00 OP

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/088,789      | 03/21/2002  | Gunter Baitz         | 6400-32WOUS         | 9543             |

TITLE OF INVENTION: TERMINAL FOR TREATING FORMS

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1400        | \$0                 | \$0                  | \$1400           | 02/07/2007 |

| EXAMINER     | ART UNIT | CLASS-SUBCLASS |
|--------------|----------|----------------|
| LEE, SEUNG H | 2876     | 235-462430     |

|   |   |
|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  | 2. For printing on the patent front page, list<br><input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,<br><input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.<br><br><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 1 <u>Michaud-Duffy</u><br>Group LLP<br>2 _____<br>3 _____   |

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wincor Nixdorf GmbH &amp; Co. KG

Paderborn, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are submitted:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503342 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date February 6, 2007

Typed or printed name

Richard R. Michaud

Registration No. 40,088

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